



RCE ✓
Tm

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

| | | | |
|--------------------------|--------------------------------------|-----------------------|------------------|
| DOCKET NO. 10191/1951 | APPLICATION SERIAL NO. 09/900,673 | EXAMINER H. Nguyen | ART UNIT 2636 |
|--------------------------|--------------------------------------|-----------------------|------------------|

INVENTOR(S): Ralf DUCKECK

Address to:

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop: RCE
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

Date: 2/11/05

Signature: R. Hannan

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **09/900,673**, filed on **July 6, 2001**, entitled **A METHOD FOR DETERMINING AND OUTPUTTING TRAVEL INSTRUCTIONS**

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Amendment
☐ Information Disclosure Statement
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

| | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA* | RATE (\$) PER CLAIM | FEE (\$) |
|-----------------------------|---|-------|--|--|------------------------|----------------------------|
| BASIC FEE | | | | | | 790.00 |
| TOTAL CLAIMS | 17 | | 20 | 0 | 50.00 | 0.00 |
| INDEPENDENT CLAIMS | 4 | | 3 | 1 | 200.00 | 200.00 |
| MULTIPLE DEPENDENT CLAIM | | | | | 306.00 | |
| | | | | *Number extra must be zero or larger | TOTAL | 990.00 |
| | If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | SMALL ENTITY TOTAL 0.00 |

02/15/2005 WASFAW 00000061 110600 09900673

01 FC:1801 790.00 DA

2. Please charge the required RCE and submission filing fee of \$990.00 to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate of this transmittal form is enclosed.

Dated: 2/11/05

Respectfully submitted,

By: Richard L. Mayer (B. No. 41,172)

Richard L. Mayer

Richard L. Mayer, Reg. No. 22,490

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)
Customer No. 26646